

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

55 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J10863 (5)
1. Corporation Name
AUBURNDALE TRUCKING CORPORATION

Principal Place of Business Mailing Address
**CORNER OF OLD POLK CITY & US HWY N/HAINES CI
POST OFFICE BOX 3529
HAINES CITY FL 33845** **CORNER OF OLD POLK CITY & US HWY N/HAINES CI
POST OFFICE BOX 3529
HAINES CITY FL 33845**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/23/1986 **03/28/1994**
4. FEI Number Applied For
59-2699437 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**
6. This corporation has liability for violations for under § 199.032
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite Apt # etc Suite Apt # etc
22 27
City & State City & State
23 28
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EMERY, R. WAYNE
CORNER OF OLD POLK CITY & US HWY 27 N
HAINES CITY FL 33844**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.05(3) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required agent with Florida License)

Signature of Registered Agent (Required agent with Florida License)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P EMERY, R. WAYNE RT. 2, BOX 200A MARTINSBURG WV	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. STREET ADDRESS	
NAME	V SMITH, LINDA B. 591 SCRABBLE RD. MARTINSBURG WV	4. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	
CITY & STATE		6. STREET ADDRESS	
NAME	ST EMERY, HOPE B. P.O. BOX 736 N/A MARTINSBURG WV	7. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	
CITY & STATE		9. STREET ADDRESS	
NAME		10. CITY & STATE	☐ Change ☐ Addition
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STREET ADDRESS		98. NAME	
CITY & STATE		99. STREET ADDRESS	
NAME		100. CITY & STATE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the exemption stated in law, 199.04(1)(b), Florida Statutes. I further certify that the information filed on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, of this report, or on an affidavit with an address.

SIGNATURE:

Sandra B. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA B. SMITH

4/29/95 304-274-221